



Nashoba Associated Boards of Health

Environmental Health Service

30 Central Avenue, Ayer, Ma. 01432

Please fill in and return this application along with a check in the amount of two hundred and fifty (\$250.00)* dollars by 31 December 2011 to be made payable to the Nashoba Associated Boards of Health and return both the application and the check to the following address:

Nashoba Associated Boards of Health
Environmental Health Department
30 Central Avenue
Ayer, MA 01432

I hereby apply for a Disposal Works Installer's Permit as required by 310 CMR 15.019 of the revised Title 5 of the State Environmental Code, which became effective on 31 March 1995.

PLEASE PRINT ALL INFORMATION BELOW

Owner's Name: _____

Business Name: _____

Licensed Installer: _____

Mailing Address: _____

Business Telephone: _____

Cell Phone Number: _____

E-Mail _____

The undersigned agrees to abide by the requirements of Title 5 of the State Environmental Code as revised and became effective 31 March 1995, and its subsequent revisions. The undersigned also understands that any violation of Title 5, or other Board of Health Regulations, will be sufficient cause for revocation of his/her Installer's Permit. ***There is a 15% processing charge on all refunds.**

Date: _____ Signature: _____

PLEASE NOTE: The fee of two hundred fifty dollars (\$250.00) dollars was established by the Board of Directors effective 1 January 1995.

(978) 772-3335 (800) 427-9762 FAX (978) 772-4947